Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC) Full Name (Last, First, Middle Initial) KENNY MARCHANT FOR CONGRESS Mailing Address P.O. BOX 110187 City CARROLLTON TX 75011 Purpose of Disbursement 1 0 M / B 3 D / Y 2 0 0 8 Y Amount of Each Disbursement this Peric Category/ Type Other (specify) Full Name (Last, First, Middle Initial) Candidate Name KENNY MARCHANT FOR CONGRESS Office Sought: X House Senate President State: TX District: 24 Full Name (Last, First, Middle Initial) LAUTENBERG FOR SENATE Mailing Address P.O. BOX 200596 RIVERFRONT PLAZA STATION	SCHEDULE B (FEC Form : TEMIZED DISBURSEMEN	for each category of th	e (check onl	E NUMBER: PAGE 525 / 536 ly one) 22 X 23 24 25
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